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TRICARE Northwest

Region 11 Director Departs to Take the Helm in Region 9

TRICARE Northwest Office of the Lead Agent (OLA) Director Captain Kris Minnick, USN, left the region in March to become the director in Region 9. Col. George Cargill, USAF, has assumed responsibility as the TRICARE Northwest director.

Capt. Minnick joined the TRICARE NW OLA staff in 1996 as Chief of Staff; she assumed responsibilities as director in 1998. "The experience I have gained in thirty three months assigned in the northwest will undoubtedly assist me in transitioning to my new duties in Southern California," she explained. "The TRICARE Northwest Lead Agency staff has proven time and again their ability to tackle any problem and overcome any challenge," Minnick continued. "We also have demonstrated through our actions that partnering works, and is an essential part of our business relationship with the military treatment facilities (MTFs), managed care support contractor, the services, and TRICARE Management Activity."

"I also look forward to my new duties as Region 9 director. The staffs in the Office of the Lead Agent, the MTFs, and the FHFS regional staff there achieved great success in implementing and improving TRICARE in Region 9 just as we have in Region 11," she added. "I imagine what I am going through is similar to what a sports figure experiences when traded from one team to another. I, fortunately, am going to a winning team from a winning team. Also, very fortunately, the TRICARE region teams are not in competition, but are all part of a unified force that is focused on keeping the promise of TRICARE to our beneficiaries," she concluded.

Col. Cargill has served as the organization's chief of Utilization and Quality Manage-

Captain Minnick, former Director of TRICARE Northwest, is now the Director of Region 9.

Inside this issue:

Patient Involvement Helps Reduce Rx Errors by COL Almquist ,USA

Nothing strikes more fear in the heart of a pharmacist than the thought of a medication error. Double checks by both the filler and checker, elimination of distractions, proper lighting, and other methods to ensure that the right medication is dispensed to the right patient are frequently used by pharmacy personnel. However, an error is not always initiated in the pharmacy, an example of which would be a prescriber who selects the wrong medication for the patient. The one key to avoiding a dispensing error (or minimizing the impact if one should occur) often overlooked is to involve the patient.

Two patient-focused processes are currently underway at Madigan Army Medical Center which are aimed at reducing, or even eliminating, medication errors. The first is called show-and-tell, a proc-

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TRICARE Northwest Hosts Successful Diabetes Conference

TRICARE Northwest recently co-hosted a 2-day conference on diabetes, which was attended by over 300 civilian and military health care providers. Nationally renowned speakers at the conference included Associate Professor of Medicine for the University of California at San Diego Dr. Steven Edelman; Clinical Professor of Orthopedics for the University of Washington Dr. Paul W. Brand; and Professor of Clinical Medicine and Associate Director for the Washington University School of Medicine's Endocrinology and Metabolism Clinic Dr. Marvin Levin. They addressed timely issues focusing on use of practice guidelines and standardized disease management programs to prevent diabetes complications and lessen the burden of the chronic disease. Diabetes currently accounts for about 14% of all health care expenditures nationally.

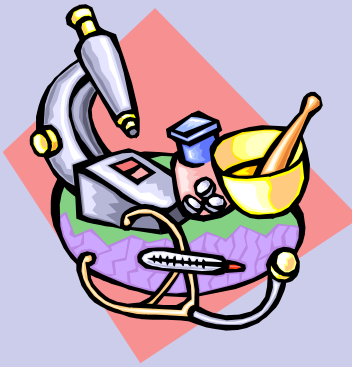
Military physicians met to discuss ways to standardize care in the TRICARE Northwest region. Washington State Department of Health representatives were also on hand to present results from the Diabetes Outcomes Management Program, a cooperative study which included local civilian health plans, the Veteran's Administration and Madigan Army Medical Center.

- Calendar of Events

30 April

Mental Health Consortium, USCG, Seattle, POC LTC Voepel (253) 968-1990.

Patient Involvment Helps Reduce Rx Errors, contd.



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ess whereby the pharmacist actually shows the medication to the patient during the counseling session. By asking key questions during the interaction with the patient, the pharmacist can ascertain if the right medication is being dispensed. Something like "What did the doctor tell you about your medication?" will not only alert the pharmacist if something is amiss, but will re-enforce any instructions previously given by the prescribing physician. By actually showing the medication to the patient, comments such as "That's not the same medication I got last time" can trigger a discussion which can either correct a problem or reassure the patient that it's the right medication.

The second process is aimed at encouraging the patient to contact the pharmacy "if something does not seem right," regardless of where the prescription was filled or refilled. If the name is different, the dosage has changed, or the medication looks different, then the patient is to call the pharmacy as soon as possible. There may be a good reason, such as we've changed brands, but the key is to catch any errors before any of the medication is taken or used. Patients should question anything that looks suspicious or they feel uncomfortable about.

Errors will occur, but getting the patient involved may reduce their severity and very well turn a potentially bad outcome into a good one. Get your patients involved!

Deficiency Identification and Tracking Tools Available

By Major MaryAnne Havard, USAF

Many contractor performance issues can be resolved at the local level using effective partnering emphasizing good business relations. Occasionally, however, there are situations of nonperformance or substandard performance that cannot be resolved using these principles. In these instances, Contracting Officer Technical Representatives (COTRs), responsible for documenting and reporting areas of contract noncompliance on a monthly basis, need to be notified. COTRs are required to contact the Alternate Contracting Officer Representative (ACOR) or the Administrative Contracting Officer (ACO) with summaries of issues within three working days of deficiency identification.

If the ACO determines the complaint is best handled by *a Performance Evaluation Form* (PEF), the COTR drafts a PEF and sends it to the ACO for tracking and assignment of a control number. Once this step is completed, the COTR provides the contractor's field representative (in Region 11, Field Coordination Managers) a copy of the PEF. The contractor must then provide a written response. The status of any open PEFs is monitored until the contractor has taken corrective action and/or the COTR has closed the PEF indicating the issue has been resolved to satisfaction. This tool is the least severe and is preferred when possible to resolve problems at the lowest level possible.

Or the ACO may

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Madigan Performing Study on Migraines by Gloria Enoch, RC Volunteer

An electromagnetic device that proves to help relieve migraine headaches is being tested to ease tension headaches.

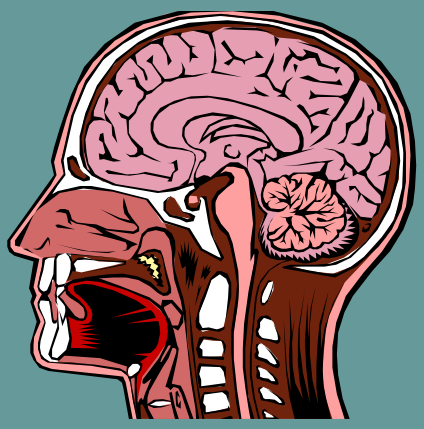
The Madigan Army Medical Center Clinical Director of the Wellness Program, Mary Brencick, is conducting a study to see if a small portable device can effectively signal the brain to relax. Brencick says the device, which looks like a transistor radio, stimulates alpha waves in the brain.

"The waves trigger the brain to release endorphins and releases tension and begins to relax. These alpha waves are the same brain waves released just before a person falls asleep," Brencick says. "Most people carry a lot of tension in their heads, upper back and neck which causes the headaches," the clinical director says.

Brencick says tension headache sufferers include people of all ages, gender, and race. "Migraine headaches are more complex to study and tension headaches aren't as complicated." Brencick says.

The device is designed to work like a transistor radio. There are two electronic clips that are attached to their ear lobes. The patient has control over how much stimulation they get by turning a dial on the transistor. Then the patient can sit back and begin to relax. "Some of my patients have even fallen asleep during the session," Brencick laughs. She says, "that's the whole purpose of relaxing…letting go of what is making you tense."

Brencick says the aim of the study is to help tension headache patients. "However, we know it



has helped chronic pain, elderly patients, and cancer patients.

According to Brencick, it's important for people to know they have choices.

The Wellness Clinical Director is still looking for willing volunteers for this study. If you are interested, you can contact Brencick at 968-4846 Monday through Friday.

Naval Hospital Bremerton Wireheads Recognized

By Judith A. Robertson , Public Affairs Officer, NHB

Success may be its own reward, but it never hurts to receive national recognition of a job well done. That is what has happened to the Naval Hospital's Management Information Department (MID) recently.

Months of hard work paid off in February when articles showcasing the efforts of the department appeared in two national periodicals, "Hospitals & Health Networks," a monthly magazine, and the weekly newspaper, the "Government Computer News," a publication of Post-Newsweek Business Information, Inc.

In a list of the top one hundred "wired" hospitals in the Feb. issue of "Hospitals & Health Networks," Naval Hospital Bremerton was the only military hospital nation-wide to make the list. The list is comprised of not-for-profit, investor run, and government-owned facilities who share the common commitment to using technology to link with employees, patients, suppliers and insurers.

The story in the Feb. 8 edition of "Government Computer News," gets down in the techno weeds as it describes the major operation performed on the guts of Naval Hospital Bremerton in the past year. The chief surgeon for this invasive procedure was not a medical doctor, but a Medical Service Corps officer with a vision.

LT Kevin Darnell, the hospital's Chief Information Officer and Head of MID had a goal for this operation, to transform the department from 'a glorified helpdesk' into 'solution providers.'" Darnell spearheaded a project to up-grade or replace 700 personal computers in the main hospital facility and four branch medical clinics and manage a migration to Microsoft Exchange and Windows NT Workstation 4.0, from Windows for Workgroups 3.11 and merge three disparate e-mail systems.

While these efforts are commendable and get nation-wide recognition, Darnell understands that especially in the young life of the technology revolution, if you slow down on the information highway, you get left in the dust. "There will be major changes in the next five years," Darnell said. "We're going to see more voice recognition applications, web-based technologies, thin-client servers, and even wireless applications. Five years is almost a millennium in this field."

The complete story in Government Computer News may be accessed on the World Wide Web at: www.ntgov.com/gcn/GCN/1999/feb8/40.htm . Hospitals & Health Networks is available at www.hhnmag.com. More information on the Management Information Dept. at the Naval Hospital is available at www.nh_bremerton.med.navy.mil/mid/MID_Home.htm

Region 11 Director story, contd.

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ment, and Health Care Operations Divisions, and as deputy director, prior to assuming duties as director. "Our goal will be to continue the creative and integrated processes that have made TRICARE Northwest a platform for success in TRICARE. We recognize that, ultimately, our measure of success as a region will be beneficiaries who are both healthy and happy with the program," he explained. "I think that the experience we've gained in partnership with one another puts those goals within reach."

Deficiency ID and Tracking Tools, contd.

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make a determination there is significant noncompliance and that the issue warrants notification to the contractor through their corporate chain of command. In this case a *Contract Deficiency Report* (CDR) is issued. When completed, the CDR and the monthly surveillance plan becomes the documentation to support any action (e.g. nonpayment) taken by the government to ensure contract compliance. Either the Lead Agency or the TRICARE Management Activity may issue a CDR, depending on which has contract task responsibility. CDRs are formally submitted to contractor corporate headquarters and require the same level of response. As in the case of PEFs, contractor remedies must have government concurrence in order to bring closure to CDRs.

In either case, the issuing authority must document specific circumstances, e.g. dates, times, places, names of contract employees, etc. Remember that contractual enforcement is a team effort, involving clinicians, administrators, support personnel, Lead Agency, and higher headquarters staff. If you have questions, please contact your COTR for more information.